



Workforce Solutions - Child Care Services (CCS) Eligibility Requirements

Dear Parent(s)/Guardian(s):

This packet contains important information regarding eligibility requirements to include the eligibility application. Child Care Services may be able to assist you with the cost of care for your child (ren) while you work, are in training or continue your education OR for a duration of three months while searching for full-time work if you and/or your spouse is underemployed/unemployed.

Please read, complete, sign and date all the forms in this packet that apply to your household and return with all the required documentation. Once the complete eligibility packet is received, a Child Care Specialist will review the information submitted and determine if you qualify for Child Care Services.

Your family may be eligible for child care assistance if:

1. You reside in Hidalgo, Willacy, or Starr County;
2. You have a child(ren) under the age of 13 (or a child(ren) with disabilities under the age of 19);
3. Your family’s income does not exceed *85% of the state median income* (see chart below);
4. Each child receiving child care is a US citizen or legal immigrant of the United States; **AND**
 - the family requires child care to participate in training, education, and/or a combination of employment activities for a minimum of:
 - 25 hours per week for a single-parent family
 - 50 hours combined per week for a two-parent family; **OR**
 - the family requires child care to conduct job search to meet minimum participation requirements for At-Risk child care eligibility prior to the end of **initial three months of eligibility**.

Minimum participation requirements for continued child care following Initial Job Search Child Care:

If the family does not exceed income guidelines **AND** meets the minimum participation requirements (as listed below) prior to the end of the initial three months of eligibility, child care will continue for a total of 12 months (inclusive of the child care provided during initial job search period):

- 25 hours per week for a single-parent family, **in which at least 12 hours are in employment OR**
- 50 hours combined per week for a two-parent family, **in which at least 25 combined hours are in employment.**

On the chart below, if your household gross income** is **at or below** the monthly limit based on your family size* you may be eligible for a child care scholarship.

**Maximum Gross Income Eligibility for Child Care Services
October 1, 2023 – September 30, 2024**

Family Size	Weekly	Bi-Weekly	Bi-Monthly	Monthly	Maximum Gross Income <i>85% State Median</i>
2	\$1,050	\$2,101	\$2,275	\$4,550	\$4,550
3	\$1,298	\$2,596	\$2,810	\$5,621	\$5,621
4	\$1,545	\$3,090	\$3,345	\$6,691	\$6,691
5	\$1,792	\$3,584	\$3,881	\$7,762	\$7,762
6	\$2,039	\$4,079	\$4,416	\$8,833	\$8,833
7	\$2,086	\$4,172	\$4,516	\$9,033	\$9,033
8	\$2,132	\$4,265	\$4,617	\$9,234	\$9,234
9	\$2,178	\$4,357	\$4,717	\$9,435	\$9,435
10	\$2,225	\$4,450	\$4,818	\$9,636	\$9,636

*Family size consists of parent(s)/spouse and any other person in the home that can be claimed as dependents on a federal tax return or a minor who is the responsibility of the parent/applicant. **Income does not include federal or state assistance or child support.

-Please keep for your records-



Revised: 02/12/2024

Lower Rio Grande Valley Workforce Development Board dba Workforce Solutions is an equal opportunity employer/program and auxiliary aids and services are available upon request to individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989/1-800-735-2988 (voice).



PARENT INFORMATION FOR CHOOSING A CHILD CARE PROVIDER

Parent Choice of Provider Types

You have the option to choose the provider type that best meets your child care needs. Provider types include:

- Licensed child care centers,
- Licensed child care homes, and
- Registered child care homes.
- Relative child care provider

To learn more about these provider types, visit the Texas Department of Family and Protective Services (DFPS) website at:

dfps.state.tx.us

Texas Department of Family and Protective Services (DFPS)

The Department of Family and Protective Services inspects and monitors child care providers. You can view child care providers for their compliance with state standards at: dfps.state.tx.us

DFPS Office in Harlingen
(956) 423-0130

DFPS Office in Edinburg
(956) 316-8275

Choosing a Quality Child Care Provider

It is critically important that parents and families choose a child care program, either center-based or home-based, that is licensed or registered with Child Care Regulation which requires all child care programs in the state to comply with basic regulations around health and safe, known as minimum licensing standards. In Texas, the Texas Health and Human Services Commission (HHSC) Child Care Regulation’s (CCR) licensing department regulates all child care and early learning programs.

You can find more information at: texasrisingstar.org/parents/choosing-quality-child-care

Texas Rising Star

The Texas Rising Star (TRS) program is a quality-based rating system for child care providers participating in the Texas Workforce Commission’s child care services program. TRS Certification is available to Licensed Center and Licensed and Registered Child Care Home providers who meet the certification criteria. The TRS Provider certification system offers three levels of certification (Two-Star, Three-Star, and Four-Star) to encourage providers to attain progressively higher certification requirements leading to a Four-Star level.

You can find more information at: texasrisingstar.org/parents/find-a-trs-provider

2-1-1 Texas

A program of the Texas Health and Human Services Commission is committed to helping Texas citizens connect with the services they need. Whether by phone or internet, their goal is to present accurate, well-organized and easy-to-find information from state and local health and human services programs. They accomplish this through the work of 25 Area Information Centers (AICs) across the state. 2-1-1 Texas is a free, anonymous social service hotline available 24 hours a day, 7 days a week, 365 days a year. No matter where you live in Texas, you can dial 2-1-1, or (877) 541-7905, and find information about resources in your local community. Whether you need help finding food or housing, child care, crisis counseling or substance abuse treatment, one number is all you need to know.

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CCS Eligibility Packet Checklist

Use the following checklist as a guide to be certain you complete the entire Child Care Services Eligibility Packet. You may go to your nearest Workforce Solutions Office to use a computer, printer, and/or fax machine free of charge. To locate the Workforce Solutions Office nearest you, please visit wfsolutions.org

Once complete, the application and verification documents may be mailed, faxed or hand-delivered to the address below.

Workforce Solutions – Child Care Services
 WFS Mission Office
 901 Travis St., Suite 7
 Mission, TX 78572
Hours: Monday-Friday, 8am – 5pm
 Direct: (956) 519.4300
Fax: 1.866.580.6089

Workforce Solutions – Child Care Services
 WFS Weslaco Office
 2290 W. Pike Blvd, Suite 100
 Weslaco, TX 78596
Hours: Monday-Friday, 8am – 5pm
 Direct: (956) 969.6100
Fax: 1.866.890.5452

PLEASE BE CERTAIN TO SIGN, DATE, AND KEEP COPIES OF ALL THE DOCUMENTS YOU SUBMIT.

<p><u>Child Care Eligibility Certification Application</u> – This is your official application. You must ensure this application is complete and accurate or your child care assistance may be denied. You must ensure that the application:</p> <ul style="list-style-type: none"> • is completely filled out; [DO NOT leave any blanks. NO “whiteout” corrections], • is completed in ink only; [no pencil - Please Print and Use Blue or Black Pen], and • is signed and dated [the day you submit the application]. 			
<p><u>Proof of Physical Address:</u> You must submit one of the following documents.</p> <ul style="list-style-type: none"> • Water, Light, or Gas Bill (physical address must include service address) • Public assistance/social service records • School records • Pay stub (if address is printed on stub) • Rent Receipt (showing current address to include landlord contact information) • Lease Agreements • Mortgage Statement • Section 8 Award Letter • Homelessness Determination – <i>Residency Information Form</i> 			
<p><u>Parent Identity:</u> You must submit one of the following <u>for each parent in the household</u> to verify parent’s identity.</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%; padding-right: 20px;"> <ul style="list-style-type: none"> • Current Driver’s License OR State ID Card* • Birth Certificate • Certificate of birth, issued by a foreign service post (FS-545) • Adoption papers or records • U.S. Passport OR Foreign Passport* • U.S. Military Card OR Draft Record • U.S. Coast Guard Merchant Mariner ID card* • Certificate of U.S. Citizenship (N-561) • Employment Authorization Card* (I-766) • Signed application for Medicaid </td> <td style="vertical-align: top; width: 50%; padding-left: 20px;"> <ul style="list-style-type: none"> • School ID Card* • Native American Tribal Document/card (I-872) • Certificate of Degree of Indian Blood OR other U.S. American Indian/Alaskan Native and Tribal document* • Travel Document Card* • Permanent Resident Card* (I-551 “Green Card”) • Military Dependent’s ID card* • Form I-94 Arrival/Departure Record • Employee ID Card* • TANF, SNAP benefits (food stamps) or other related public assistance records </td> </tr> </table> <p style="text-align: right; margin-top: 10px;">*Issued with a photograph</p>		<ul style="list-style-type: none"> • Current Driver’s License OR State ID Card* • Birth Certificate • Certificate of birth, issued by a foreign service post (FS-545) • Adoption papers or records • U.S. Passport OR Foreign Passport* • U.S. Military Card OR Draft Record • U.S. Coast Guard Merchant Mariner ID card* • Certificate of U.S. Citizenship (N-561) • Employment Authorization Card* (I-766) • Signed application for Medicaid 	<ul style="list-style-type: none"> • School ID Card* • Native American Tribal Document/card (I-872) • Certificate of Degree of Indian Blood OR other U.S. American Indian/Alaskan Native and Tribal document* • Travel Document Card* • Permanent Resident Card* (I-551 “Green Card”) • Military Dependent’s ID card* • Form I-94 Arrival/Departure Record • Employee ID Card* • TANF, SNAP benefits (food stamps) or other related public assistance records
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Age & Citizenship: You must submit one from each category for each child in your household who will receive child care to verify age/citizenship:

Age

- Birth Certificate (U.S. or its possessions)
- Current U.S. Passport
- Hospital or public health birth records (U.S. or its possessions)
- Church or Baptismal Record (U.S. or its possessions)
- TANF, SNAP (food stamps) benefits, Medicaid, or other related public assistance records
- School Records
- School Identification Card
- Native American Tribal Document
- Adoption Papers on Records
- Child Support Paternity Records
- Divorce or Court Custody Decrees

Citizenship

- Birth Certificates (U.S. or its possessions)
- Current U.S. Passport
- Hospital or public health birth records (U.S. or its possessions)
- Church or Baptismal Record (U.S. or its possessions)
- TANF, SNAP (food stamps) benefits, Medicaid, or other related public assistance records

Legal Immigrant/Qualified Alien

- Immigration Form I-551 (“Green Card”)
- Immigration Form I-94, stamped with applicable rule citation(s)
- Immigration Form I-571 (Refugee Travel Document)
- Order from Immigration Judge
- Cuban/Haitian passport and supporting documents
- USCIS Petition and supporting documents

Please visit wfsolutions.org/faq.html for a list of most frequently asked questions or contact our office to speak to a CCS staff specialist to inquire about additional acceptable documentation.

WFS Mission Office
(956) 519-4300

WFS Weslaco Office
(956) 969-6100

Household Income: You must submit verification of all household members’ earned and unearned income for the last 3 months.

Note: Dependents(s) over 14 years of age not attending school or training must report their earnings if employed.

- Copies of check stubs for each parent in the household for the last 3 months

Pay Frequency	# of Check Stubs
Weekly	13
Bi-Weekly	7
Twice a Month	6
Monthly	3

- Employment/Income Verification form completed by the employer for each parent and household dependent, and
- Documentation for any additional income received for the last 3 months.

If New Hire:

- Employment/Income Verification form - sign the top section of the form and have your employer complete, sign and date form, **and**
- Provide copies of check stubs, if available.

-Please keep for your records-

Job Training/Educational Program: You must provide the following to verify your participation in a Job Training/Educational Program.

- Current School Schedule **or** Current Transcript, if attending a college or university
- School Letter or School Enrollment paperwork **and** School or Training Schedule Verification Form (completed by the school), if attending a technical or vocational school

For High School or GED Students: School Letter **and** School or Training Schedule Verification Form (completed by the school)

Note: Postgraduate enrollment will not count as education activity hours for child care services eligibility.

Child Care Attendance Reporting Requirement: Parents and caregivers **must** follow their child care provider's sign-in attendance reporting process.

- Child care providers will report a child as absent when the child has five (5) days of consecutive absences.
- Each provider report will count toward the child's 40 absence limit:
 - five consecutive day absences = one provider report
 - eight provider reports = 40 absence limit
- Child care terminations will occur when a child has eight (8) provider reports.

Parents must ensure that the eligible child attends on a regular basis and meets attendance standards for child care services which consists of no more than 40 total unexplained absences in a 12-month eligibility period. **Failure to do so may result in termination of your child care services and placement on a (60 calendar day) mandatory waiting period.**

Parents Reporting Requirements Form: You must sign and return the Parent Reporting Requirements form which informs you of the responsibilities to report changes within 14 days of occurrence.

- Changes in family income or family size that would cause the family to exceed income eligibility for child care services,
- Permanent changes in work or attendance at a job training or educational program, and
- Any changes in family residence, primary phone number, or e-mail (if available).

Failure to report required changes timely may result in fact finding for suspected fraud of program services.

Orientation to Discrimination Complaint Procedures Form: You must sign and return this form which informs you of your rights and procedures for filing complaints related to services received.

Child with a Disability (definition): A child who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Major life activities include, but are not limited to caring for oneself; performing manual tasks; walking; hearing; seeing, speaking, or breathing; learning; and/or working.

Please provide one or more of the following documentation:

- Supplemental Security Income (SSI) Benefits Statement
- Vocational Rehabilitation Services (VRS) Early Childhood Intervention (ECI) Program Contract
- Head Start Contact that Identifies the Child as having a Disability
- Public School Special Education Services, Including Public School Services for Children Ages 3 through 5 (PPCD), Contract
- Statement or Letter from a Qualified Clinician

You may report the cost of ongoing medical expenses for a child with disabilities. The amount paid may be deducted from the family income. **Note:** Payment receipts for the cost of ongoing medical expenses are required.

-Please keep for your records-



CHILD CARE ELIGIBILITY CERTIFICATION APPLICATION

Application MUST be completely filled out, or it will delay the eligibility process.

TWIST #: _____

Parent or Guardian Information

1. Applicant Name (First, MI, Last)		Social Security (optional)	Date of Birth
Physical Address		City	Zip Code
Mailing Address <input type="checkbox"/> Same		City	Zip Code
Home Phone # <input type="checkbox"/> N/A		Cell Phone # <input type="checkbox"/> N/A	Secondary Contact # w/Name and Relation: <input type="checkbox"/> N/A
Are you a Veteran or Spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	E-Mail Address <input type="checkbox"/> N/A		Highest Grade Completed
	Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hawaiian Native or Pacific Islander <input type="checkbox"/> Black or African American		
Foster Youth <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Migrant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Hispanic Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: () Married () Single () Divorced () Separated () Widowed		Family Size	

Employer Information

<input type="checkbox"/> N/A, In Training/School Only <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed		<input type="checkbox"/> N/A, In Training/School Only <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed	
Place of Employment <input type="checkbox"/> Self-Employed		Place of Employment <input type="checkbox"/> Self-Employed	
Work Address (Complete Address)		Work Address	
Supervisor Name & Work Phone #		Supervisor Name & Work Phone #	
Your Job Title		Your Job Title	
Work Schedule (ex. Mon – Fri 8AM -5PM)		Work Schedule (ex. Mon – Fri 8AM -5PM)	
Hire Date:	Hourly Pay Rate \$ _____	Number of Hours Scheduled: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	Hire Date:
			Hourly Pay Rate \$ _____
			Number of Hours Scheduled: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly
Other Income <input type="checkbox"/> None	Pay Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	Other Income <input type="checkbox"/> None	Pay Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly
Tips:\$ _____ Bonus:\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	Tips:\$ _____ Bonus:\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
Workman’s Comp \$ _____	Bonus Frequency _____	Workman’s Comp \$ _____	Bonus Frequency _____
Commission \$ _____		Commission \$ _____	

School/Training Information Enrolled

Name of School or Training Institution		
Degree Pursuing:	Semester Credit/Clock Hours:	Start date:
School Schedule:		

Applicant Signature: _____

Date: _____



CHILD CARE ELIGIBILITY CERTIFICATION APPLICATION

Application **MUST** be completely filled out, or it will delay the eligibility process.

TWIST #: _____

Second Parent in Household

<input type="checkbox"/> N/A Check N/A If Second Parent is NOT Part of the Household			
2. Applicant Name (First, MI, Last)		Social Security (optional)	Date of Birth
Cell Phone # <input type="checkbox"/> N/A	Secondary Contact # w/Name and Relation <input type="checkbox"/> N/A	Hispanic Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: M F
Are you a Veteran or Spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hawaiian Native or Pacific Islander <input type="checkbox"/> Black or African American		Foster Youth <input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Information

<input type="checkbox"/> N/A, In Training/School Only <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed		<input type="checkbox"/> N/A, In Training/School Only <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed	
Place of Employment <input type="checkbox"/> <i>Self-Employed</i>		Place of Employment <input type="checkbox"/> <i>Self-Employed</i>	
Work Address (Complete Address)		Work Address	
Supervisor Name & Work Phone #		Supervisor Name & Work Phone #	
Your Job Title		Your Job Title	
Work Schedule (ex. Mon – Fri 8AM -5PM)		Work Schedule (ex. Mon – Fri 8AM -5PM)	
Hire Date:	Hourly Pay Rate \$ _____	Number of Hours Scheduled: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	Hire Date:
			Hourly Pay Rate \$ _____
			Number of Hours Scheduled: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly
Other Income <input type="checkbox"/> None Tips:\$ _____ Bonus:\$ _____ Workman’s Comp \$ _____ Commission \$ _____		Pay Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly Bonus Frequency _____	
		Other Income <input type="checkbox"/> None Tips:\$ _____ Bonus:\$ _____ Workman’s Comp \$ _____ Commission \$ _____	
		Pay Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly Bonus Frequency _____	

School/Training Information Enrolled

Name of School or Training Institution		
Degree Pursuing:	Semester Credit/Clock Hours:	Start date:
School Schedule:		

Applicant Signature: _____

Date: _____



Additional Income

List any other sources of income or assistance your family receives and the amounts. Retirement Benefits, Taxable Capital Gains, Dividends and Interest, Rental Income, Income from Estate and Trust Funds, Workers Compensation, Death Benefits, and Disability Payments (including Social Security Disability Insurance (SSDI) payments), Lottery Winnings, or Spousal Maintenance or Alimony.

Note: You will need to provide CCS documentation for all income and/or benefits received on this list.

Source of Income	Who Receives the Income	Amount	How Often Received

List All Children in the Home

Name(s)	Relation	Birth Date	Gender	Race	Ethnicity <i>Hispanic</i>	Social Security Number (optional)	Child Care Required?	Child with Special Needs?	Receiving SSI Benefits?		Grade School
									Yes	No	
1.		/ /	M F		Yes No		Yes No	Yes No	Yes No		
2.			M F		Yes No		Yes No	Yes No	Yes No		
3.			M F		Yes No		Yes No	Yes No	Yes No		
4.			M F		Yes No		Yes No	Yes No	Yes No		
5.			M F		Yes No		Yes No	Yes No	Yes No		
6.			M F		Yes No		Yes No	Yes No	Yes No		

Provider Information

Day Care Name: _____ DC License #: _____ Phone Number: _____

Does Your Total Family Assets Exceed \$1 Million? Yes No

Based on your family size*, is your household income** at or below the monthly income limit (see chart on pg. 1)? Yes No

Disclosure Statement

I have read and understand the information provided with the following forms: 1) Parent Rights; 2) Parent Reporting Requirements; 3) Parent Agreement Regarding Child Care Attendance; and 4) Orientation to Discrimination Complaint Procedures.

If I am and/or my spouse is underemployed/unemployed and need child care assistance, I certify to actively continue searching for full-time employment. I understand that if I knowingly provide false information or fail to disclose a material fact to make myself appear eligible for child care services, I may have to repay the child care program for services received fraudulently, and criminal charges may be filed against me with the local prosecuting authority.

By signing this form, I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws; (2) I am applying for services from Lower Rio Grande Valley Workforce Development Board (a.k.a. Workforce Solutions) and all information on this application represents a complete and accurate statement of my work, education or training hours; household income; and family size at the time of submission; (3) I give permission to Workforce Solutions or their child care contractor to contact a third party to verify income or family size, and use the social security numbers for identification of Social Security and income; and (4) I understand that social security numbers (SSN) are voluntary and not a requirement to receive child care services.

Applicant Signature: _____ **Date:** _____

Office Use Only: Permanent, Fixed or Adequate Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligibility Period Start Date _____ Eligibility Period End Date _____
	Family Size: _____ 85% SMI: _____ Total HH Income: _____
	CCS Representative Signature: _____ Date: _____

CHILD CARE SERVICES PARENT RIGHTS

You have the right to:

- Be informed of all child care options available to you and choose the type of child care provider (licensed center, licensed home, registered home, relative care) that best suits your needs
- Visit available child care providers before making a choice
- Receive assistance in choosing child care, including information about Child Care Services policies regarding transferring children from one provider to another, which shall include a waiting period of two weeks before the effective date of a transfer, except in cases in which the provider is subject to a Child Care Regulation action, or when the transfer is authorized by CPS for a child in protective services, or on a case by case basis determined by the Board
- Be informed that the providers will not charge parents the difference between the Child Care Services reimbursement and the provider's published rate
- Be represented when applying for child care services
- Be notified of your eligibility to receive child care services within twenty (20) calendar days from the day Child Care Services receives all necessary documentation required to initially determine or re-determine eligibility for child care
- Receive child care services regardless of race, color, national origin, age, sex, disability, political beliefs or religion
- File a written complaint of alleged discriminatory acts within 180 calendar days from the date of the alleged discriminatory act
- Have Child Care Services treat information used to determine eligibility for child care services as confidential
- Receive written notification at least fifteen (15) calendar days before termination of child care services
- Reject an offer of child care services or voluntarily withdraw (written statement) your child from child care, unless the child is in protective services
- Be informed of the possible consequences of rejecting or ending the child care that is offered
- Be informed of the eligibility documentation and reporting requirements (see Parent Reporting Requirements)
- Be informed of the appeal rights, including when you have the right to continue care during the appeal and the potential for repayment if the appeal is rendered against you. Note: Child care will not be offered during the appeal process if care is terminated for excessive unexplained absence or nonpayment of the parent share.
- Be informed of required background and criminal history checks for relative child care providers through the listing process with the Texas Child Care Regulation (CCR) before the parent or guardian selects the relative child care provider
- Receive written notification of the possible termination of child care services for excessive unexplained absences
- Receive written notification of the possible termination of child care services for failure to pay the parent share of cost
- Be informed that you have the right to report the cost of ongoing medical expenses for a child with disabilities which may be deducted from the family income. Note: Payment receipts for the cost of ongoing medical expenses are required.

By selecting a child care provider and entering child care services, I acknowledge that I have read and understand the above information regarding Parent Rights.

Parent Signature: _____

Date: _____



CHILD CARE SERVICES PARENT REPORTING REQUIREMENTS

Please read the information on this form carefully before you sign and date. Contact your child care worker immediately if you have any questions regarding the information or requirements on this form.

Please understand Child Care Services will end if you no longer meet eligibility.

Reporting Requirements

Once Child Care Services have begun you must report any of the following changes within 14 calendar days.

- Permanent loss of job, training, or education **OR** gained employment if receiving initial job search child care
- Change of address, email, or phone number
- Change of child care provider
- Any changes to family size or income over the amount in the chart for your family size

Maximum Gross Income Eligibility for Child Care Services October 1, 2023 – September 30, 2024				
Family Size	Weekly	Bi-Weekly	Bi-Monthly	Monthly
2	\$1,050	\$2,101	\$2,275	\$4,550
3	\$1,298	\$2,596	\$2,810	\$5,621
4	\$1,545	\$3,090	\$3,345	\$6,691
5	\$1,792	\$3,584	\$3,881	\$7,762
6	\$2,039	\$4,079	\$4,416	\$8,833

Failure to report the above changes may be grounds for suspected fraud and cause for Child Care Services to conduct fraud fact-finding or for the Texas Workforce Commission to initiate a fraud investigation.

Additionally, you may report a:

- Reduction in income/hours or family size increase that could result in a decrease of your parent share of cost
- Temporary change in employment that could result in a decrease of parent share of cost.

Parent share of cost:

- Failure to make your payments to the provider timely could affect your child care.
- You may request a temporary parent share of cost reduction for extenuating circumstances.

If you have any questions, concerns, want to request a transfer or report a change, please contact your CCS Specialist or visit our website at wfsolutions.org select *Contact Child Care Department*.

Parent Signature: _____

Date: _____

The Texas Workforce Commission prosecutes fraud to ensure that child care funds are maximized for qualified families. To report suspected fraud, call the fraud hotline at 800-252-3642.



CHILD CARE SERVICES PARENT AGREEMENT REGARDING CHILD CARE ATTENDANCE

As a requirement for my child to receive Child Care Services, I understand and agree to the following:

I understand and agree to the following attendance standards:

- I will ensure that my child attends on a regular basis consistent with the child’s authorization for enrollment. Meeting attendance standards for child care services consists of no more than 40 total unexplained absences in a 12-month eligibility period.
- I understand that failure to meet attendance standards may result in termination of care for my child due to excessive unexplained absences
- I understand that if my child exceeds forty (**40**) total absences during their current 12-month eligibility period, CCS may initiate the termination process. Also, my child must wait (**60**) calendar days from the termination date before being placed onto the waitlist or reapplying for services.

I understand and agree to the following attendance reporting requirements:

- I must follow my child care provider’s sign-in attendance reporting process.
 - Child care providers will report a child as absent when the child has **five (5) days of consecutive absences**.
 - Each provider report will count toward the child’s 40 absence limit:
 - five consecutive day absences = one provider report
 - eight provider reports = 40 absence limit
 - Child care terminations will occur when a child has eight (8) provider reports.
- I understand that failure to meet the provider’s established policy regarding attendance may result in the provider ending the child’s enrollment at the facility.
- I understand that absences due to a child’s documented chronic illness, disability, or court ordered visitation are not counted in the number of absences allowed with proper documentation provided.

Parent Signature: _____

Date: _____



**LOWER RIO GRANDE VALLEY WORKFORCE DEVELOPMENT BOARD
ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM
(29 CFR Part 38)**

This Orientation to Discrimination Complaint Procedures form addresses discrimination complaint procedures for the listed programs and services administered in the local workforce development area by the Workforce Development Board and its Contractors:

**Workforce Innovation and Opportunity Act (WIOA)
Temporary Assistance for Needy Families (TANF) / CHOICES
Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)
Child Care Services (CC)
Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)**

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:

**Lower Rio Grande Valley Workforce Development Board
3101 West Business 83
McAllen, TX 78501**

**Equal Opportunity (EO) Officer: Flor Leal
Telephone Number: (956) 928-5000
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voice)**

The Lower Rio Grande Valley Workforce Development Board shall resolve equal opportunity complaints in a fair and prompt manner. Acts of restraint, interference, coercion, discrimination, or reprisal towards complainants exercising their rights to file a complaint under this procedure are prohibited. This procedure applies to all applicants and participants who have cause to file a discrimination complaint related to activities or programs administered by the Board. If you have an equal opportunity complaint concerning any of these programs, you may submit your written complaint to the Board or Contractor EO Officer, as appropriate.

After your equal opportunity complaint has been received, the EO Officer will notify you of the next step in the complaint process. As long as you wish to pursue your complaint, the Board or Contractor will follow the steps described below. You should study the Discrimination Complaint Procedure carefully, and if you feel that the required steps are not being followed, contact the EO Officer. Remember, if you feel you are not being provided enough help at any stage of the complaint process, you should contact:

**Texas Workforce Commission (TWC)
Equal Opportunity Monitoring
101 E. 15th St., Room 504
Austin, TX 78778-0001**

**Telephone Numbers:
(512) 463-2400
Relay Texas: 1-800-735-2989
TTY 1-800-735-2988 (Voice)**

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity. Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What to do if you believe you have experienced discrimination. If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

PROCEDURES ON HOW TO FILE A COMPLAINT

□ WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):

If you think you have been subjected to equal opportunity discrimination under a WIOA Title I or a TAA/TRA financially assisted program or activity, you may file a discrimination complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123 Washington, DC 20210. If you file your complaint with the Board or Contractor, you must wait until you receive a written Notice of Final Action or 90 days have passed (whichever is sooner) before you can file with the CRC. If the written Notice of Final Action is not issued within 90 days of the day you filed your complaint, you have 30 days following the 90-day deadline to file a complaint with CRC (that is, within 120 days of the day you first filed your complaint). If you receive a written Notice of Final Action on your complaint but are dissatisfied with the decision, you may file a complaint with CRC. However, you must file your CRC complaint within 30 days of receiving the Notice of Final Action.

□ TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):

If you think you have been subjected to equal opportunity discrimination under a TANF/Choices and/or Child Care (CC) program or activity receiving federal financial assistance, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or U.S. Department of Health and Human Services (HHS), the Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Those filing complaints against child care program services receiving USDA federal financial assistance may choose to contact the U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. If you file your complaint with the Board or Contractor, you must wait until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before you can file with the U.S. Department of Health and Human Services.

□ SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):

If you think you have been subjected to discrimination under a SNAP E&T financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, (202) 260-1026. If you file your complaint with the Board or Contractor, you must wait either until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before filing with the U.S. Department of Agriculture.

Please do not sign this notice until you have read it and understand its contents.

By my signature below, I acknowledge this orientation to the discrimination complaint procedure and the statement regarding Equal Opportunity Is the Law. I affirm that I have read the *Orientation to Discrimination Complaint Procedures Form* and that I have been given the opportunity to ask questions about its contents. I understand that the One-Stop application form is not a job application; rather, this form is used to determine my eligibility to receive program services and to meet federal reporting requirements. I further understand that failure to provide the requested information may prevent me from receiving services.

Applicant Signature

Printed Name

Date

A proud partner of the network
Lower Rio Grande Valley Workforce Development Board dba Workforce Solutions is an equal opportunity employer/program
Auxiliary aids and services are available upon request to individuals with disabilities
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-622-4954 (Español)



**CHILD CARE SERVICES
SELF- ATTESTATION OF SCHOOL ATTENDANCE**

To Parent: Please complete this form and return to Child Care Services.

Please do not forward to your child's school or Head Start

To the parent/guardian: Please complete the information below for children who require child care services and are attending Pre-K, Kindergarten or Head Start this year.

Case name/Name of parent:	TWIST ID:
Address:	

#1) Name of Child: _____ Date of Birth : _____ Grade: _____
 Name of school: _____ **Date child will start or started school:** _____
 School Address/Telephone number: _____
 Hours child is in school (Ex: M-F, 8a-4p): _____

#2) Name of Child: _____ Date of Birth : _____ Grade: _____
 Name of school: _____ **Date child will start or started school:** _____
 School Address/Telephone number: _____
 Hours child is in school (Ex: M-F, 8a-4p): _____

#3) Name of Child: _____ Date of Birth : _____ Grade: _____
 Name of school: _____ **Date child will start or started school:** _____
 School Address/Telephone number: _____
 Hours child is in school (Ex: M-F, 8a-4p): _____

I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws; (2) services will be provided without regard to sex, race, creed, color, national origin, or disability.

Parent Signature: _____

Date: _____

Parent Print Name: _____



CHILD CARE SERVICES SELF-EMPLOYMENT VERIFICATION

Self Employee's Name: _____ CCS TWIST ID: _____

Business: _____ Phone #: _____

Type of Business: _____

To verify your business, please provide one of the following:

- Current property titles, deeds, tax records, or rental agreement for the place of business
- Recent business bank statement
- Recent business phone, utility, or insurance bill
- Recent state sales tax return
- Recent business records that provide proof of income and expenditures, such as
 - copies of money orders
 - checks received
 - lists of individuals/customers served (if applicable)
- Personal wage records with third party signed verification
- Current business registration or license (i.e., DBA license or professional license)

To verify your gross business income, please provide one of the following:

- Most recent IRS Form 1040 with Schedule C, F, or SE federal income tax returns
- Most recent IRS Tax Transcript
- Most recent statement of profit/loss
- Most recent three months of business bank statements
- Most recent 3 months of invoices or lists of customers served with dates and identifying information (such as addresses)
- Personal receipt books of business activity and income
- Personal payment records with 3rd party signed verification

A. Gross Income

Gross income or receipts during the 3-month determination period:

Week #	Week ending date	Gross income for week	Week #	Week ending date	Gross income for week
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7					



CHILD CARE SERVICES SELF-EMPLOYMENT VERIFICATION

B. Expenses

You have the option to itemize expenses or not itemize expenses and use the gross income. If you choose to itemize your expenses, please provide receipts for operating expenses such as rent, utilities, gas, booth rental, payroll, etc.

Please select one: Itemized expenses Standard deduction (30% of gross income) Choose **not** to itemize expenses or use the standard deduction and use gross income

If itemizing expenses, please complete the following for the 3-month determination period:

Rent	\$	Other (specify)	
Telephone	\$		\$
Utilities	\$		\$
Supplies	\$		\$

**Receipts provided must be related to Business Expenses.*

Total Expenses or standard deduction (B): \$ _____

Subtract expenses (B) from gross income (A) for net profit (includable income): \$ _____

I, _____, certify that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination or penalties as specified by law.

Self Employee's Signature

Date

Applicant's Signature (only required if different from Self-Employee)

Date

CCS Specialist Signature

Date

Office Use Only:



School or Training Schedule Verification Form (To be completed by School or Training Institution)

Case Name: _____

TWIST #: _____

Student Name: _____

Phone #: _____

Note to School or Training Institution: Your student is applying for or is currently receiving child care assistance from Workforce Solutions – Child Care Services. To determine their eligibility, we must receive a detailed summary of the student’s class/training schedule and attach enrollment form. Please complete the following information:

School or Training Institution Name: _____

Address: _____

Student’s Date of Enrollment: _____

Projected End Date: _____

Please indicate the student’s class schedule for each day listed (ex: Monday 9am – 5pm)

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

Does individual attend school regularly, and are they working toward successful completion? Yes No

If no, please explain (comment is optional):

SIGNATURE (Must be signed by SCHOOL or TRAINING INSTITUTION)

Person completing this form (please print name)

Title & Phone #

Signature

Date